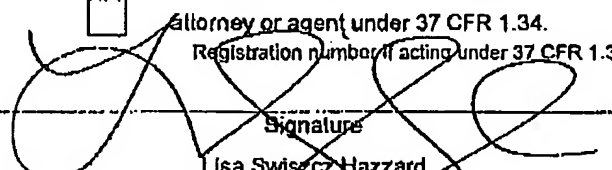


JAN 24 2007

PTO/SB/22 (09-08)

Approved for use through 03/31/2007. OMB 0051-0031
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 56086CON2 (71699)	
Application Number 10/823,089-Conf. #3168		Filed April 12, 2004	
For DEVICES FOR INTRAOCULAR DRUG DELIVERY			
Art Unit 3767		Examiner B. Huh	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$120	Small Entity Fee \$60 \$ _____
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225 \$ _____
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$310 \$ 1,020.00
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795 \$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080 \$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1105</u> . I have enclosed a duplicate copy of this sheet.			
I am the: <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>44,368</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.			
Registration number if acting under 37 CFR 1.34 _____			
 _____ Signature		<u>January 24, 2007</u> Date	
<u>Lisa Swiecz Hazzard</u> Typed or printed name		<u>(617) 439-4444</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

01/25/2007 TRESHOW1 00000022 041105

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